INDEPENDENT CONSULTANT APPLICATION & AGREEMENT

Picture Perfect Scrapbook Co. LLC, 12019 N.E. Sumner St., Portland, Oregon 97220 Phone: (503) 256-0355 Fax: (503) 256-0644

This Agreement is made the _____ day of _____ 20___, between Picture Perfect Scrapbook Company, an Oregon business, (hereinafter called "PPSC") and _____, (hereinafter called "Consultant").

NAME_____

ADDRESS_____

CITY_____STATE_____ZIP_____

E-MAIL_____SOC.SEC.#_____BIRTHDATE_____

HOME TEL (____) _____ BUSINESS TEL (____) _____ FAX TEL (____) _____

SHIP TO ADDRESS: *(IF DIFFERENT)* _____

CITY_____STATE_____ZIP_____

SPONSOR'S ID#_**1440**_____SPONSOR'S NAME____**Kim Bond**_____SIGNATURE_____

Please register me as a Picture Perfect Scrapbook Co. Independent Consultant in the United State of America. I understand and agree to the following:

(a) I understand and agree that my Independent Consultant status will not be fully activated and I will not be eligible for retail or downline commission until this original signed Agreement is received and accepted by PPSC Home Office.

(b) I agree that as a Picture Perfect Scrapbook Co. Independent Consultant, I am an independent contractor, and not an employee, agent, partner, legal representative, or franchisee of PPSC. I understand that I am responsible for filing all reports required by federal, state and local government taxing authorities and paying all taxes arising from my activities as an Independent Consultant. I UNDERSTAND THAT I SHALL NOT BE TREATED AS AN EMPLOYEE OF PICTURE PERFECT SCRAPBOOK CO. FOR FEDERAL OR STATE TAX PURPOSES.

(c) I have carefully read and agree to comply with PPSC Policies & Procedures and the Compensation Plan, both of which are incorporated into and made a part of this Agreement. I understand that the Consultant Application and Agreement, the Policies & Procedures, or the Compensation Plan may be subject to amendments without notice. Notification of amendments shall be published in official PPSC materials. The continuation of my PPSC independent business or my acceptance of overrides, commissions, bonuses or other benefits shall constitute my acceptance of any and all amendments.

(d) I will represent PPSC and its products in a truthful, sincere, and honest manner. I will conduct myself in a manner that reflects the highest standards of integrity and responsibility in keeping with the reputation of PPSC. I will not state, imply, or represent to any person that any specific network organization may be built or maintained, or that any specific level of income may be earned or anticipated as an Independent Consultant.

(e) In no event will PPSC, or any PPSC Independent Consultant, affiliate, shareholder, officer, or employee be liable to me (or anyone on my behalf) for any consequential, indirect, special or punitive damages. I understand that I have the right to terminate this Agreement at any time, with or without reason. I understand that such termination must be in writing. I further agree that PPSC may terminate this Agreement, in writing, at any time, if I am in violation of any law, regulation or ordinance, fail to follow PPSC Policies & Procedures, or breach this Agreement. This Agreement will be governed by the laws in the State of Oregon. Jurisdiction in any action to enforce the terms of this Agreement shall be in a court of competent jurisdiction in the State of Oregon. The prevailing party in any dispute is entitled to court costs and reasonable attorney's fees.

By signing below, I agree to be bound by the terms and conditions set forth in this agreement:

APPLICANT'S SIGNATURE_____ DATE_____

NOTICE: This agreement may be cancelled within three days (72) hours of the date you (the applicant) sign it, and a full refund for any products and materials purchased and fees paid can be obtained by contacting your sponsor or Picture Perfect Scrapbook Company .

I have enclosed my: ☐ Payment of $50 (plus $12 S/H) for my Business Builder Starter Kit

My preferred album color: ☐ **Berry** ☐ **Pine Tree**

TOTAL $_____ Paid by: ☐ M/C ☐ Visa ☐ Discover ☐ Check #_____

Credit Card Number I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I__I EXP. ___ /___ SEC.#_____

Print Cardholder's Name_____Signature_____

Statement Billing Address (if different from above)_____Phone#_____

Send completed Application with original signature to: Picture Perfect Scrapbook Company, LLC 12019 N.E. Sumner St., Portland, OR 97220

PLEASE MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS

OFFICE USE: Date Rec'd___/___/___ Consultant ID#_____ Amt. Rec'd_____ Date Shipped___/___/___